NorthWest Arkansas Community College *Center for Health Professions*
One College Drive Bentonville, AR. 72712, (479) 619-4153

2014 EMT – Basic Application and Checklist

(Revised 9/2013)

Minimum Requirements for the EMT Basic Course are as follows:

- Applicants must have a reading score of at least **19** on their ACT or at least **82** on the Compass placement test or to have attained a grade of "C" or above in an English or Reading course to be accepted into the EMT Program.

You will need to furnish the following to the Health Professions Secretary:

- **EMT Basic Application Completed.**

- **Documentation of an approved First Responder Course**. If you took this course at NWACC, list that information on the application. If you took the course elsewhere, please include a copy of the course certificate, card, or transcript. If you are currently taking the class, your instructor will need to sign the Prerequisite Completion form stating that you currently have a grade of "C" or above.

- **Documentation of current, signed CPR certification.** The certification must be an **American Heart Association Healthcare Provider Card**. The certification must be current through the completion of the EMT course**. Card must be signed by bearer**. Absolutely no rosters will be accepted. Contact information for CPR classes (**you are not required to use these contacts**).
  - NWACC EMS now offers CPR classes. Follow the link to print application for registration. https://www.nwacc.edu/web/academics_healthProfessions/EMT.php
  - **C**PR **E**ducation **P**rofessionals www.cpreducationpro.com 479-310-0088 learn@cpreducationpro.com
    Doug Earp Cell 479-790-6470 Shandy Earp Cell 479-790-6471
  - Washington Regional Medical Center Educational Dept. (479)463-1299 at http://www.wregional.com/body.cfm?id=566&action=detail&ref=199

- **Documentation of current (1 year or less) TB Skin Test Results**; the documentation must be valid through completion of EMT course. If you need to obtain a current TB Skin Test, it may require 2 skin tests and could take up to two weeks to complete. If you have tested positive, you will need a chest X-Ray. Contact your family physician for more information.

- Current **MMR-** Documentation of 2 vaccines given on or after 1st birthday or proof of titers.

- **Arkansas Form AR920390Z**: This Blue form is required by the State Health Department (available at Health Professions Department room 2002). Must be filled out and **notarized**. Sherry Slay in room CHP2051 and Scott Byrd (CHP2057) are notaries. Most banks and credit unions have notaries that are free or low cost. **No payment is required with these forms**.
  - If the student has lived in Arkansas for more than 5 years, you only need to complete the blue form.

  OR
  - If the student has lived in the state of Arkansas for less than 5 years, they must complete the **Blue form and a fingerprint card** (available in office CHP 2002) the fingerprint card must be completed by law enforcement.

- **Clinical sites require that you be drug tested before coming into their facilities**. **Within Two weeks AFTER class begins**, you will need to get a 10-panel drug screen done and have the results faxed to: Scott Byrd/NWACC, 479-619-4254 **OR** Emailed to: sbyrd@nwacc.edu or chowarth@nwacc.edu- Connie Howarth.
  Suggestions for drug testing are as follows:

Wellquest	3400 Southeast Macy Road #18, Bentonville	479-845-0880
N Out Screening	593 Horsebarn Road, Rogers	479-286-0143
Medquiklabs	1501 SE Walton Blvd # 17	479-657-6740

  The results need to be sent from the facility to NWACC. Hand carried results are not acceptable.

- **You will also need to provide proof of health insurance prior to going to Clinical sites. This process may take a couple weeks-needs to be in process before classes begin.**

***Due to the limited number of seats in the program and the high volume of applicants, attempts at taking the program are limited to two times. Students will not be allowed to enroll in the course until the required documents are turned into the Health Professions Division Office.**

Pre-Class Homework

Please sign into Blackboard and read the posted handbooks. There will several pages of forms and acknowledgements to sign during the first class meeting. You do not need to print these forms.

Textbooks*

Please purchase your textbooks immediately after registering in the EMT Basic course. Numbers are limited.
Jones and Bartlett – Pollak, Emergency Care and Transportation of the Sick and Injured (Text)
Advantage Package, Print 978-1-44965-142-8 (includes website access) on Book requests form for bookstore
Text - 978-1-284-03284-0, Workbook – 978-1-4496-5023-0
Textbooks may be purchased at NWACC Barnes and Noble or Campus Bookstore or Amazon.com, etc.

If a third party (your employer or government agency) will be paying your tuition and fees, a letter of authorization to bill must be received by the Cashier's Office by your payment deadline. Any part of the tuition not covered by the third party is your responsibility and must be paid by the scheduled payment deadline.

The letter of authorization should contain the following information and be on company letterhead:

1. **Student's name**
2. **Student's social security number**
3. **Third party name and address (letterhead is sufficient)**
4. **Detail of covered expense (tuition, books, supplies, etc)**
5. **Maximum dollar amount**

If your authorization is not received by the payment deadline, you will be responsible for the balance in full. An individual may not be invoiced as a third party. If you have any questions regarding third party billing, please call the NWACC Cashier's Office at (479) 619-4291.

Tuition

In-District Residents (Rogers/Bentonville Public School District)

Tuition - $75.00/credit hour	$600.00
Technology Fee - $10.75/credit hour	$86.00
Learning Support Fee - $8.50/credit hour	$68.00
Health Professions Lab Fee	$60.00
Health Professions Technology Fee $15.00/Credit hr	$120.00
Infrastructure Fee	$55.00
Facility Maintenance Fee $2.00/Credit	$16.00
Library Recourse Fee 1.50/credit hour	$12.00
Malpractice Insurance Fee	$15.00
Security Fee $1.50/Credit Hour	$12.00
Estimated Textbook Cost	$135.00
State and National Board Exam Fee for Licensure	$90.00
Lab Coat rental or purchase (Rent for $5.00 or purchase $35.00)	$5.00
Background Check from Department of Health	$35.00
Total In-District Cost	**$1309.00**

Out-of-District Residents

Tuition - $122.50/credit hour	$980.00
Technology Fee - $10.75/credit hour	$86.00
Learning Support Fee - $8.50/credit hour	$68.00
Health Professions Lab Fee	$60.00
Health Professions Technology Fee $15/Credit Hr	$120.00
Infrastructure Fee	$55.00
Facility Maintenance Fee $2.00/Credit	$16.00
Library Recourse Fee 1.50/credit hour	$12.00
Malpractice Insurance Fee	$15.00
Security Fee $1.50/Credit Hour	$12.00
Estimated Textbook Cost	$135.00
State and National Board Exam Fee for Licensure	$90.00
Lab Coat rental or purchase (Rent for $5.00 or purchase $35.00)	$5.00
Background Check from Department of Health	$35.00
Total Out-Of-District Cost	**$1689.00**

Out-of-State Residents

Tuition - $175.00/credit hour	$1400.00
Technology Fee - $10.75/credit hour	$86.00
Learning Support Fee - $8.50/credit hour	$68.00
Health Professions Lab Fee	$60.00
Health Professions Technology Fee $15/Credit Hr	$120.00
Infrastructure Fee	$55.00
Facility Maintenance Fee $2.00/Credit	$16.00
Library Recourse Fee 1.50/credit hour	$12.00
Malpractice Insurance Fee	$15.00
Security Fee $1.50/Credit Hour	$12.00
Estimated Textbook Cost	$135.00
State and National Board Exam Fee for Licensure	$90.00
Lab Coat rental or purchase (Rent for $5.00 or purchase $35.00)	$5.00
Background Check from Department of Health	$35.00
Total Out-of-State Residents Cost	**$2109.00**

Costs are subject to change without notice
Textbook fees vary. Check with NWACC Bookstore and college web site for current prices

Office use only
1st Resp. cert copy,
Blue form, fgpt card,
CPR, TB, Signed forms
ACT/Compass: ___/____
Unblocked _____
Drug Screen, Insurance

NorthWest Arkansas Community College
Emergency Medical Technician – Basic Application

Please circle.
Semester: Spring, Summer, Fall
Preferred Class **days/times**:
M/W 1-5pm OR T/R 6-10pm OR T/R days

Date: _____ Student ID #_____

Name_____ SS Number xxx-xx-_____
(First) (Middle) (Last)

Address_____

_____
City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Are you currently enrolled at NWACC? Please circle YES or NO
(If not, please contact the Admissions Department at 479-619-4386 for admission requirements.)

Where did you complete the First Responder Course? _____

Date Completed: _____

Do you plan on becoming certified as a paramedic? Yes / No

How are you going to utilize your EMT Skills? _____

Do you have any healthcare or fire training? Yes / No

If yes, Please briefly describe your training?

_____

_____

Are you aware that Arkansas will not allow you to become State Certified if you have been convicted of certain felonies? Please circle YES or NO

Arkansas Department of Health

5800 West 10th Street Suite 800 • Little Rock, Arkansas 72204-1763 • Telephone (501) 661-2262
Governor Mike Beebe
Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Release of State and/or Federal Criminal Background Checks to Training Site Representatives

To obtain a copy of a student or licensed EMSP criminal background check the following must be completed and mailed or faxed to the Section of EMS (Section).
Fax number is 501-280-4801, Address: 5800 W.10th Street, Ste. 800, Little Rock, AR 72204

Name: _____

Current Address: _____

City, State, & Zip Code: _____

Phone Number: _____

Previous Address REQUIRED if current address is less than five (5) years old.

Previous Address: _____

City, State, & Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Driver's Licensed Number: _____

I am requesting that my State and/or Federal Criminal Background check be released to the following person/institution:

_____
(Print Name of Person and/or Educational Institution)

I understand if all of the information listed above is not completed or the information you provided does **not** match records in our data base, background information **will not** be released requiring you to come to the Section of EMS to obtain copies of your background information.

_____ Signature

_____ Date